

MONTANA UNIVERSITY SYSTEM EMPLOYEES ONLY

Name: (last) (first & middle initial) / (previous last name) Social Security Number

Home Address: (street/p.o. box/rural route/etc.) _____ / _____ City _____ State _____ Zip _____

_____/_____
Employing Agency or Agencies (list all) City
Mo____Day____Yr____
Date of Birth

The Montana Public Employee Retirement Administration (MPERA)
PO Box 200131
Helena, MT 59620-0131

Elections are not effective until the MPERA confirms your eligibility to make this election. Upon receipt of this Election Form, the MPERA will send you a notice: a) confirming your election; b) informing you of additional action necessary before your election can be confirmed (FLOs, service purchase contracts); or c) that you are not eligible to make this election.

Confirmed: _____

FORM-MUS**YOU MUST ELECT ONLY ONE PLAN****DEFINED BENEFIT RETIREMENT PLAN (DBRP)**

ELECTION: I choose to exercise my **irrevocable** election to remain in the PERS Defined Benefit Retirement Plan (DBRP).

Acknowledgement: I have had the opportunity to be educated about the retirement plan choices and assume complete responsibility for this irrevocable election. Once filed with the MPERA, I cannot change my election except as outlined below:

I understand that this decision means: (a) I remain a participant of the DBRP and am entitled to a retirement benefit from that plan when eligible; (b) I will remain a participant of the DBRP as long as I remain a member of PERS; (c) I cannot become a participant of the DCRP unless I terminate employment in a PERS-covered position, terminate membership in PERS and resume employment in a PERS-covered position twenty-four (24) or more months following termination of PERS membership; and (d) I cannot become a participant of the ORP unless I terminate employment in a PERS-covered position, terminate membership in PERS and resume employment in a Montana University System PERS-covered position twenty-four (24) or more months following termination of PERS membership.

Member Signature

Date

PERS DEFINED CONTRIBUTION RETIREMENT PLAN (DCRP)

ELECTION: I choose to exercise my **irrevocable** election to join the PERS Defined Contribution Retirement Plan (DCRP).

Acknowledgement: I have had the opportunity to be educated about the retirement plan choices and assume complete responsibility for this irrevocable election. Once filed with the MPERA, I cannot change my election except as outlined below:

I understand that this decision means: (a) I am no longer a participant of the DBRP and I am not entitled to a retirement benefit from that plan; (b) I will remain a participant of the DCRP as long as I remain a member of PERS; (c) I cannot become a participant of the DBRP unless I terminate employment in a PERS-covered position, terminate membership in PERS and resume employment in a PERS-covered position twenty-four (24) or more months following termination of PERS membership; and (d) I cannot become a participant of the ORP unless I terminate employment in a PERS-covered position, terminate membership in PERS and resume employment in a Montana University System PERS-covered position twenty-four (24) or more months following termination of PERS membership.

I further understand that (a) my past contributions to the DBRP, a statutorily-defined percentage of my employer's past contributions to the DBRP, and 8% interest per annum on both will transfer to my account in the DCRP; (b) my retirement contributions and a statutorily-defined portion of my employer's future retirement contributions will be placed in my DCRP account; (c) administrative expenses will be deducted from my DCRP account; and (d) I assume the risk of any losses as well as any gains resulting from my investments of my DCRP account.

Member Signature

Date

MONTANA UNIVERSITY SYSTEM OPTIONAL RETIREMENT PROGRAM (ORP)

ELECTION: I choose to exercise my **irrevocable** election to join the Montana University System Optional Retirement Program (ORP).

Acknowledgement: I have had the opportunity to be educated about the retirement plan choices and assume complete responsibility for this irrevocable election. Once filed with the MPERA, I cannot change my election except as outlined below:

I understand that this decision means: (a) I am no longer a member of PERS and I am not entitled to a retirement benefit from PERS; (b) I will remain a participant of the ORP as long as I remain an employee of the Montana University System; and (c) I cannot become a member of PERS unless I terminate employment with the Montana University System and become employed in a non-Montana University System position that is PERS-covered.

I further understand that (a) my past contributions to the DBRP, a statutorily-defined percentage of my employer's past contributions to the DBRP, and 8% interest per annum on both will transfer to my account in the ORP; (b) my retirement contributions and a statutorily-defined portion of my employer's future retirement contributions will be placed in my ORP account; (c) administrative expenses will be deducted from my ORP account; and (d) I assume the risk of any losses as well as any gains resulting from my investments of my ORP account.

Member Signature

Date